

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No			
COMMITTEE INFORMATION		Garage 10 Marie Telephone	
1. Full Name of Committee (as on Statement of Organization)	ame		
Acronym or Abbreviated Name (if any)		ttee Telephone Numbe	
	· · ·	<u>) 509-30</u>	40
4. Mailing Address (address where ell campaign finance correspondence is received) Lichard Children Ch		s a new address	
		ffiliation (if applicable)	
5. City, State, ZIP Code Arcadia, IN 46030		publicai	
CANDIDATE INFORMATION (For Candidate's Co	Modella age and any of principles	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	
7. Full Name of Candidate (include any nickname)		iffiliation or If Independe	i i
Jennifer Sue Pickett	<u> </u>	publicar	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		y of Residence	
Arcadia Clerk Treasurer TYPE OF REPORT	110	amiltor)	ON CANDIDATIES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	wantion
	Occasion binari	Post-Co	
Final/Disbards Committee (Fines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Committee (Fines 18, 19, and 20 must be "0")			
12. Reporting Period: From: 4-11-15 Through: 10-16-15		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)			
15b. Unitemized	STAI	<u> </u>	1
15c. Add lines 15a and 15b in both columns SUBTO	<u> </u>		
To. 7 dd III, co To and To an	OTAL		
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			
17b. Unitemized		\mathcal{O}	
	OTAL	<u> </u>	
, , , , , , , , , , , , , , , , , , ,	TOTAL.	\underline{Q}	
19. Debts OWED BY the committee (use Schedule D)		-c	
20. Debts OWED TO the committee (use Schedule E)		()	STRUGO Y TUBE STRUCTURA
IF/GATION OF MY KNOWLEDGE AND BELIEF IT IS TR	NE CORRE	CT AND COMPLETE	FOR OFFICE USE CHILY/L

69:1 Nd 61 100 51:2

10-13-15

Date

or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly

rson who falls to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TARE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP cade)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	Direct In-Kind (describe)			
	Elitara (describo)		Additional and the state of the	
	Other Receipts:		deministrative de la constanta	1111
	☐ Interest ☐ Loan ☐ Misc. (specify)			A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	L. Miso. (openity			
Contributor's Occupation (if required)	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)	-	-	
Contributor's Occupation (if required)				
3,	Contributions:			
	In-Kind (describe)		· ·	
	Other Receipts:			
	Misc. (specify)			
	hard the same of t			
Contributor's Occupation (if required)	Contributions:			
T .	Direct			
	In-Kind (describe)			
	Other Receipts:	440		
	☐ Interest ☐ Loan	7		
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct			
	In-Kind (describe)		-	
			William Control of the Control of th	
	Other Receipls: Interest Loan		management	
	Misc. (specify)			
Contributor's Occupation (if required)			manual distriction of the control of	
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(Enter total on ITEI	M 15a of the Summary Sheet)	<u> </u>		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B Gumulative Year-To-date	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: toterest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		According to the second	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INS	TRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print
iegi	by in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the
reve	erse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All
cun.	iulauve contributions from labor organizations OVER \$100 per contributor, within a calendar year MIST he itemized on this
schi	edule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, retunds,
reba	ates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MU	ST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
	Misc. (specify)	•		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts; Interest Loan Misc. (specify)			
3.	Contributions; Direct In-Kind (describe)			
	Other Receipts; Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Cantributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP cade)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMNIA AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Oirect In-Kind (describe)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totated on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, retunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(streer, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	Harrion		
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
•	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$ ()		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, 219 code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	GOLUMN A	COLUMN B	DATEOF
	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Code		☐ Girect ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Cither Purpose:			
Code		Oirect In-Kind Payment of Cebt Returned Contribution Other Purpose:			
Code		☐ Circct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Cither Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Olirect in-Kind Payment of Debt Returned Contribution Other Purpose:			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of arricunt paid to political committees supporting or opposing a public question. MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

arricular paid to positical committees supporting of	Diffical committees supporting or opposing a public question, MUST be itemized on this schedule.			FILE NUMBER		
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Enter Text of Public Question	RUBIA(E)QUIESTII	ONINFORMATION				
Position: Supported Op	Local posed					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, 2IP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (he specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B GUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE	
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and leans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts cwed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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GREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city; state, 2IP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER SNAME & MAIDING ADDRESS (street number city, state, ZIP code)	COSIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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